

Kaiser Permanente HealthConnect

Crossing the Quality Chasm



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Sadly, most of us have become used to practicing medicine with incomplete information. Thanks to the significant effort and investments that The Permanente Medical Groups have expended over the years, we have far better information than most physicians have available to them. However, it still falls short of a fully integrated information system that parallels our integrated structure. Our integrated structure is the core of who we are and is our strongest competitive advantage. KP HealthConnect will significantly increase our ability to manage care across all settings, including the patient's home. It will strengthen our partnership with our patients and help them take ownership of their health.

The Care Management Institute has spent years understanding what is truly evidence-based medicine. This knowledge will now be available literally at our fingertips when we are making decisions in the exam room with our patients. Health information, patient instructions, and self-care tools to support patients will be easily available. Busy patients will have a more efficient option than an office visit or phone call via secure messaging. Our experience at Kaiser Permanente Northwest (KPNW) and Group Health Permanente has taught us that patients are very judicious in their use of this option and will stay with us because of it. Phone call visits will be more effective with immediate access to all clinical information. Clinicians and staff will be able to personalize care for patients based on their recorded preferences. Testing and diagnostic results will always be available, eliminating repeat studies and delays in care. Myriad adverse drug events because of unreadable or unavailable information will be eliminated.

The experience of KPNW and Colorado Permanente Medical Group with electronic medical records has taught us that we have the potential to improve our already nationally recognized clinical performance to world-class levels. No other health care organization in the world is better positioned to cross the quality chasm so well described in the Institute of Medicine's recent reports.¹ Our comprehensive longitudinal database will enable us to make significant contributions to medical knowledge to help other health care organizations "cross the quality chasm." Each of us chose medicine knowing that we were embarking on a lifelong journey in search of the best care we could provide our patients. Implementing KP HealthConnect will help us reach that goal.

At the same time, as we are poised to attain clinical excellence, we are beleaguered by demands for lower-cost health plan coverage. Hardly a week passes without a newspaper story describing the burden that health care costs place on individuals, employers, and government programs. Even employers and purchasers who believe that integrated, comprehensive care is the best model have been demanding information that demonstrates the value we add. KP HealthConnect will give us both the data to document our added value and the administrative processes to administer deductibles and other cost-sharing products the market demands. This will ensure that we can continue to make care available to millions of patients.

But KP HealthConnect is not primarily about technology. It is about leveraging our integrated structure and changing how we work with each other and with our patients. Like most very important work, it will be challenging and difficult. Each of us will learn new skills and processes. I recognize the personal stamina it takes to change such a fundamental part of how we practice. In addition, your clinical team will look to each of you for leadership in this change. You can help provide the important clinical and competitive context for the \$3.2 billion investment that we are making over the next ten years. We hope that this issue of *The Permanente Journal* will give you a view of the many ways that we expect KP HealthConnect to affect your work life, your team, and your patients.

The KP HealthConnect national team works very closely with your regional team, Medical Group, and Health Plan leadership to support the regional goals you have established. Together we are committed to ensuring a smooth an implementation as possible. Nonetheless, we are undertaking a very complex transition and there will be setbacks, frustrations, and long days for everyone involved. Despite this, I have not met a single physician who wants to stay with our current fragmented systems. In the end, our shared commitment to the excellence we can achieve together will vault us over the quality chasm. ❖

Reference

1. Institute of Medicine, Committee on Health Care in America. Crossing the quality chasm: a new health system for the 21st Century. Washington (DC): National Academy Press; 2001. Available from: <http://www.nap.edu/books/0309072808/html/> (accessed September 28, 2004).